	o in a taporty	rk Reduction Act of	1935, no	her zourz sue tedor	aso to respense to	a collection of Infe	omation unles	ekision s	EPARTMENT OF ys a valid OMB o	edimin lonno
			Summer	fe for Form Pi (1.2		Profesti QE	2/674	688
		CLAIMS AS	Ellico	DADTI			-		1 4 1 4	<i></i>
	CLAIMS AS FILED = PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY-	
FOR NUMBER FILED NUMBER EXTRA						PATE	r'i eer			
€.	ad tables	1.		I			1 111-11			
	AL CLAIMS FR 1.16(c))	-	minus 20	=		x <u>S</u> =				
CFR 11(5)? 10 3 5 1					Y 5 +	, 	OR _	X 3,		
,	tions neodicid	O CUAIM PRESER						Ċ.		
				7 CFR (.te(c.))		4 5		Oct.	1 Z=	-
tt	ne difference in c	column 1 is less tha	ın zero, en	ter "0" in column 2	2.	TOTAL		OR	JATOT	Y-
	Ct	LAIMS AS AME	емрер	- PART II .						
		(Column 1)	•	(Column 2)	(Column 3)	SMALL E	YTITY	OR		R THAN ENTITY
	'	CLAIMS REMAINING AFTER		HIGHEST:: NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	AD01- TIONAL		RATE	-IDDA
	Total (37 CFR 1.16(c))	AMENDMENT	Minus	PAID FOR	5		FEE			FEE
I	Independent	12	Minus	35	=	X \$=		OR	x \$=	
l	(37 CFR 1.16(b))	(3		_5_	4	X \$=		OR	X \$=	_/_
1	FIRST PRESENT	TATION OF MULTIPU	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))	+ 5		OR	+ \$=	
						ADD'L FEE		OR	ADD'L FEE	<u>/ </u>
				(Column 2)	(Column 3)			3		
_,		(Column 1)		(00.000.000						, · ·
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TKONAL EEE		RATE	
	Total	CLAIMS REMAINING AFTER	Minus	HIGHEST NUMBER		RATE X\$ =		OB	RATE	
	Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA		TIONAL	OR	RATE	TIONAL
	(37 CFR 1.16(c)) -Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA =	X \$ =	TIONAL	OR	RATE	TIONAL
	(37 CFR 1.16(c)) -Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA =	X \$=	TIONAL		RATE	TIONAL
	(37 CFR 1.16(c)) -Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA =	X \$ = X \$ = + \$ = TOTAL	TIONAL	OR OR	X \$ = X \$ = TOTAL	TIONAL
	(37 CFR 1.16(c)) -Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT CATION OF MULTIPL (Column 1) CLAIMS REMAINING AFTER	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA = = = = = = = = = = = = = = = = = = =	X \$ = X \$ = + \$ = TOTAL	TIONAL FEE ADDITIONAL	OR OR	X \$ = X \$ = TOTAL	ADDI-
	(37 CFR 1.16(c)) -Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT TATION OF MULTIPL (Column 1) CLAIMS REMAINING	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR *** ENT CLAIM (37 CF (Column 2) HIGHEST NUMBER	EXTRA = = =	XS = XS = +S = TOTAL ADD'L FEE	TIONAL FEE	OR OR OR	X \$ = X \$ = TOTAL ADD'L FEE	ADDI- TIONAL FEE
	(37 OFR 1.16(a)) Independent (37 OFR 1.16(b)) FIRST PRESENT	CLAIMS REMAINING AFTER AMENDMENT CATION OF MULTIPL (Column 1) CLAIMS REMAINING AFTER	Minus -	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA = = (Column 3) PRESENT EXTRA	X \$ _ =	TIONAL FEE ADDITIONAL	OR OR OR	X \$ = X \$ = TOTAL ADD'L FEE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c)) FIRST PRESENT Total (37 CFR 1.16(c)) (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	CLAIMS REMAINING AFTER AMENDMENT AMENDMENT (Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus E DEPENDE Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA = = (Column 3) PRESENT EXTRA = =	X \$ =	ADDITIONAL FEE	OR OR OR	RATE X \$ = TOTAL ADD'L FEE RATE X \$ = X \$ = X \$ = X \$ X \$	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c)) FIRST PRESENT Total (37 CFR 1.16(c)) (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	CLAIMS REMAINING AFTER AMENDMENT CATION OF MULTIPL (Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus E DEPENDE Minus Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA = = (Column 3) PRESENT EXTRA = =	X \$ _ =	ADDITIONAL FEE	OR OR OR	X \$ = X \$ = TOTAL ADD'L FEE	ADDI- TIONAL FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the knowldual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1935, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. de for Form P10-870 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) · · SMALL ENTITY (Column 2) SMALL ENTITY MIMORREYTES 1000 TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS MUCTIPLE DEFICIGENT CLAIM PRESENT ,a7 CFK 1,16(2)} O:: * If the difference in column 1 is less than zero, enter *0* in column 2. 000 TOTAL OR TOTAL CLARMS AS AMENDED - PART II OTHER THAN ÖR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST Þ REMAINING PRESENT NUMBER RATE 400A RATE 100A AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR ENDME FEE FEE Total (37 CFR 1,16(c)) Minus OR Independent (37 CFR 1,16(b)) Minus OR ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR: TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Ω REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER EXTRA** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1,16(c)) Minus Independent -(37 CFR 1.16(b)) Minus ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER ADDI RATE ADDI-AMENDMENT AFTER **EXTRA** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(cl) OR Independent (37 CFR 1.16(b)) Minus Ö FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR £16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. And the second section of the game of the

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.